

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

59/42, 188

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE	5	
TOTAL CLAIMS	63 minus 20=	* 80
INDEPENDENT CLAIMS	1 minus 3 =	* 8
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	690.00
X\$18=	1594
X78=	624
+260=	260
TOTAL	3692

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 18	Minus	** 102
Independent	* 1	Minus	*** 11
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/478,100

Total Fee Calculation

	Fee Code	Total # Claims		Number Extra	X	Fee	Fee	=	Total
	Sm./Lg.					Sm. Entry	Lg. Entry		
Basic Filing Fee	201/101							=	<u>690</u>
Total Claims > 20	203/103	<u>103</u>	-20 =	<u>83</u>	X		<u>18</u>	=	<u>1,494</u>
Independent Claims > 3	202/102	<u>11</u>	-3 =	<u>8</u>	X		<u>78</u>	=	<u>624</u>
Mult. Dep Claim Present	204/104							=	<u>260</u>
Surcharge	205/105							=	<u>130</u>
English Translation	139							=	
<u>TOTAL FEE CALCULATION</u>									<u>3,822</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 3,822

Less Filing Fees Submitted - \$

BALANCE DUE = \$ 3,822

Tom Villa 01/26/99
Office of Initial Patent Examination

Figure 7



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY OF COMMERCE AND
COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
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EXAMINER

ART UNIT PAPER NUMBER

DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

☐ A. Filing Fees due upon filing the application

Total Filing Fees Due	= \$	<u>1599</u>
Less Filing Fees Submitted	- \$	<u>1383</u>
BALANCE DUE	= \$	<u>216</u>

☐ B. Fees due in connection with the amendment filed on _____

Total Fees Due	= \$	_____
Less Fees Submitted	- \$	(_____)
BALANCE DUE	= \$	_____

ATTACHMENT: FORM PTO-875

Clerk of Group

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT

Fee submitted \$ _____ Signature _____

CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fees are being deposited with the U. S. POSTAL SERVICE as first class mail in an envelope addressed to:

Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date) _____

Print Name: _____ Signature: _____